TITLE XIX REPORT OF EXPENDITURES
(BY CATEGODY OF SERVICE)

IOWA DEPARTMENT OF HUMAN SERVICES

MEDICALD MANAGEMENT INFORMATION SYSTEM

80,127

986,070

308.677

186,986

38.661

113.819

3,947

34,156

38,782

13,200

0

n

n

0

10

16

4,365,752

107,444

177.064

1,514,001

56,755

138,708

433,682

351,566

324,897

146,115

169.991

57,907

9,919

25.506

61,800

23,732

6.618

979

207.051

3,485,770

n

n

n

466,885

290.335

307,227

711.310

63,962

34,400

22,979

0

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3,356,961

4.185.951

3,945,189

108.046

176,880

56,751

1,513,736

20,425,686

138.708

655,801

328,489

155,428

212.950

76.177

294,056

617.513

72,195

666,849

189,060

47,697

7,557,800

541

- 0

3.5

186

3,484,105

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8.687.175

PAGE

RUN DATE 06/29/08

TOTAL.

PAYMENT

\$325,247,034.84

\$192,070,743,73

\$24,427,023.73

\$438.741.699.41

\$264,665,241,26

\$107,759,110,83

\$195,291,927.35

\$37.124.850.85

\$5,504,705.63

\$33,422,920.37

\$38,894,092,44

\$2,749,332.32

\$4,108,440.31

\$488,086.74

\$24,440,531,43

\$226,909,455.32

\$8,477,599.82

\$109,279,236,69

\$14,464,281,51

\$8,702,238.08

\$3,027,382.37

\$6,717,348.03

\$44,830,508.40

\$17,755,439.17

\$46,817,533,20

\$8,628,774.14

\$5.363.855.83

\$2,355,494,46

\$3,597,487.84

\$17,445,940.85

\$2,394,803,50

\$5,138,049.88

\$4,148,156,43

\$490,419.62

\$285,961,921.61

\$17,641,76

\$1,416.37

\$6,946.98

\$0.00

\$3,579,831.06

\$27,458.98

\$0.00

sn.nn

\$0.00

\$0.00

\$50.93-

\$0.00

\$0.00

\$n.nn

\$63.811.65

1

IAMM2200-R003 (MR-0-12)

AS OF 06/30/08

INPATTENT

OUTPATIENT

CHILD PART HOSP

CLINIC SERVICES

MEP CASE MANAGEMENT

REMEDIAL SERVICES

AMBULANCE SERVICES

PRESCRIBED DRUGS

IOWA PLAN PROGRAM

EPSDT SCREENING

PATTENT MANAGEMENT

OTHER PRACTITIONER

FAMILY PRESERVATION

MEDICAL SUPPLIES

HMO SERVICES

DENTAL

OPTOMETRIST

PSYCHIATRIC

MR WAIVER SERVICE

AIDS WAIVER SERVICES

PODIATRIC

CHIROPRACTIC

DRUG CAPITATION

LAB AND RADIOLOGICAL

HABILITATION SERVICES

REHAB SUPPORT SERVICES

LOCAL EDUCATION AGENCY

INDIAN HEALTH SERVICES

FAMILY PLANNING SERVICES

MANAGED SUBSTANCE ABUSE

MENTAL HEALTH ACCESS PLAN

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

CHILDRENS MENTAL HEALTH SVC

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

EARLY ACCESS SERVICES

CHILD DAY TREATMENT

(FISCAL YTD TOTALS AS OF 06/30/08) CATEGORY OF SERVICE RECIPIENTS NUMBER OF IINITS OF SERVED CLAIMS SERVICE

54,306

234,759

87.569

76,267

3.127

11.851

3,022

20,173

4.028

1,705

5

n

n

n

297.952

32.722

419,107

95.016

192,436

7.080

63,753

67,678

144,801

89,525

29.870

19.560

1,180

10,720

2,666

10,741

663

54

835

50

n

8

13

7,446

n

n

n

ADULT PART HOSP	1	0	0	
ADULT DAY TREATMENT	0	0	0	
SKILLED NURSING FACILITY	4,472	9,761	132,041	
INTERMEDIATE CARE FACILITY	19,005	157,898	4,525,061	
INTER CARE MENTAL RETARDA	2,294	26,044	772,306	
NURSING FAC FOR MENTAL ILL	50	437	12,822	
HOME HEALTH	35,239	184,024	3,066,568	
LEAD INSPECTION AGENCY	66	70	70	
PHYSICIAN	325,878	2,862,825	4,077,605	

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AS	OF	06/30/08	

\* ALL CATEGORIES \*

## IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

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\$2,641,144,388.50

TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 06/30/08)

CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF	TOTAL
	SERVED	CLAIMS	SERVICE	PAYMENT
ELDERLY WAIVER SERVICES	12,166	317,318	5,016,867	\$64,116,405.88
ILL & HANDICAPPED WAIVER SVCS	2,754	38,531	1,254,196	\$19,725,505.30
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00
MEP SERVICES	12,470	129,939	136,775	\$33,335,685.70
UNASSIGNED	452	3	13-	\$2,828,067.76
* ATT CATECODIES *	40E 016	17 106 626	77 045 261	\$2 641 144 200 ED

495,816 17,196,636 77,845,361 \*\*\* END OF REPORT \*\*\*